

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>9/10/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DMK</i>	<i>69169</i>	<i>9-15-99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	12-25-02
2	2	2	12-25-02
3	3	3	12-25-02
4	4	4	12-25-02
5	5	5	12-25-02
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If more than 150 claims or 10 actions  
 staple additional sheet here

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